

Investment Adviser Certification Form

1. Firm Name: _____ IARD No. _____

2. Does this firm have Custody? ☐ yes ☐ no

3. Does this firm directly debit fees from client's accounts? ☐ yes ☐ no

4. Does this firm have Discretion? ☐ yes ☐ no

Note – If you responded “yes” to question 2, 3, or 4 (or all) and your principal place of business is in Washington, do not complete the rest of this certification. Instead please file a copy of your fiscal year end (FYE) balance sheet within 90 days of the end of your fiscal year.

5. The firm's most recent fiscal year ended on: month _____ day _____ year _____.

6. Has the firm prepared a balance sheet, in accordance with generally accepted accounting principles (GAAP), as of the firm's most recent fiscal year end?
☐ yes ☐ no

7. As of the firm's most recent fiscal year end, the firm's net worth (assets minus liabilities), as determined in accordance with generally accepted accounting principles, was \$ _____.

8. Is the firm able to meet its obligations and pay its debts as they come due in the ordinary course of business? ☐ yes ☐ no

9. If the firm's principal place of business is not in Washington, respond to the following:

a. The firm's principal place of business is located in the state of _____.

b. Is the firm licensed as an investment adviser in the state identified in 8a?

☐ yes ☐ no

c. Is the firm in compliance with any applicable net worth or capital requirements imposed by the state identified in 8a? ☐ yes ☐ no

Certification

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Please complete and mail or fax to:

Bruce Johnson
Securities Division
P. O. Box 9033
Olympia WA 98507-9033
FAX: (360) 704-6981

Signature

Name

Title

Date